

# Princeton House Behavioral Health

# today

## What Can **ENCANTO**

## Teach Us About Intergenerational Trauma?

*page 4*



*Also in this issue:*

Pain Management During  
Substance Use Recovery  
*page 2*

Encouraging Broader  
Care for Those with High-  
Functioning Depression  
*page 3*

The Career Ladder  
at Princeton House  
*page 6*

Return to In-Person  
Care Benefits Young  
Patients  
*page 8*

# WHEN PAIN MANAGEMENT IS NEEDED

## During Substance Use Recovery



**W**hether it's for childbirth, surgery, dental work, or an unplanned ER visit, chances are that many people recovering from substance use may one day need pain management strategies. Attaining appropriate pain relief while minimizing the chances of relapse is a delicate balance that requires preparation and patient education.

With consent from patients, the Penn Medicine Princeton House Behavioral Health team collaborates with outside medical providers to ensure an informed continuum of care and safe approaches to pain management. But because patients may still find themselves in a situation where they're being handed a prescription for an opioid or benzodiazepine, it's also essential to provide patient education about the importance of proactive communication with all of their providers.

### Helping Patients and Providers Plan Ahead

"At Princeton House, we place a strong emphasis on cope-ahead strategies and the identification of a support system

to help patients prepare for challenging situations like these," says Sarah Carstens, LCSW, LCADC, Addictions Clinical Director at Princeton House. "This work can serve as a foundation for them to speak up and advocate for their needs to be met more holistically when possible."

In circumstances where medication is needed, Mark P. Schwartz, MD, Medical Director of Inpatient Detox Services at Princeton House, offers this advice for pain management:

- Medical providers should be aware of the need to avoid the use of opioids and benzodiazepines and choose alternatives whenever possible.
- If needed, such as in postoperative pain management, opioids can be prescribed but should be in an adequate dose for the shortest duration possible. Lower dose prescriptions are not advised, as this can rekindle cravings without relieving pain – and untreated pain itself can trigger a relapse. If possible, benzodiazepines should be avoided.
- Patients should know that these medications have the potential to

rekindle cravings no matter how long they have been in recovery.

- A support person should be responsible for storing and dispensing pain medication.
- Prior to a situation requiring medication, it can be beneficial to have an honest discussion about anticipated levels of pain, what discomfort level may be tolerable, and whether adjunctive therapies might safely contribute to pain management.

"Ideally, this is a team approach with medical and behavioral health providers communicating with each other to support what's best for the patient," adds Dr. Schwartz. "It's also important for all health care providers to watch for early signs of relapse and be alert to the need for a higher level of care."

"Setbacks can happen, and there's no shame in that; rather, we look at it as an opportunity for the treatment team to provide more education and support for the path forward," adds Carstens. "Our role is to help patients continue to take steps toward their goals and be as effective as possible in their lives."

# Encouraging Broader Care for Those with High-Functioning Depression



We've seen it in the news among celebrities, actors, athletes, and musicians: a seemingly successful, accomplished person shares that they're struggling with depression or even dies by suicide, leaving those around them shocked. This type of high-functioning depression – known as persistent depressive disorder (PDD) or dysthymia – is characterized by a persistent low mood for at least two years, along with symptoms like appetite and sleep disturbances, lack of energy, low self-esteem, and trouble focusing. It may also be paired with episodes of major depressive disorder.

"PDD can be difficult to diagnose since these individuals are typically still functioning in terms of work, parenting, and other responsibilities," says Katie Munger, LPC, Director of Outpatient Services at the Hamilton outpatient site. "But they're really just getting through each day without feeling any joy or hope. PDD can be effectively treated, especially when pairing the insight of a psychiatrist and a therapist."

In some cases, patients may not even recognize PDD in themselves, since it doesn't fit the more common recognition of depression as an inability to function. Sometimes those with PDD seek therapy for an ineffective coping mechanism such as substance use. Others may wish to hide their symptoms or may be unwilling to take the necessary time from their busy schedules to get the appropriate level of care.

According to Munger, it's similar to Luisa's character in the *Encanto* movie (see page 4) – when those who have underlying pain/discomfort give precedence to their responsibilities and don't seek help, it can be a house of cards waiting to crumble.

## Using Motivational Interviewing

It's important for patients experiencing PDD symptoms to seek medical expertise to rule out issues like an autoimmune disease or a thyroid condition. When PDD is present, providers may need to help patients understand the benefits of more consistent therapy sessions, intensive outpatient care, or even inpatient care if suicidal ideation is present. In these situations, motivational interviewing techniques can be valuable.

"Patients may have a laundry list of reasons why they can't fit the level of treatment they need into their schedules," says Munger. "But instead, we can use a motivational interviewing approach: ask them to think of the three best reasons why they should consider taking that time to help themselves."

In motivational interviewing, conversation is structured around change to help patients recognize that they have the power to change their lives for the better. It instills confidence so that patients can articulate their own reasons for change, discover motivation, and create momentum. Providers can serve as effective guides on this journey.

"We can gently encourage patients with PDD to see the benefits of broader care while respecting the fact that they are still able to function – because everyone deserves to feel not only contentment, but joy in their lives," says Munger.

To learn more about motivational interviewing, visit [princetonhouse.org/motivation](https://princetonhouse.org/motivation).

# What Can ENCANTO Teach Us About

*Encanto* is far more than a vibrant, magical Disney movie to watch with your kids – it’s also an effective teaching tool to use with patients who may benefit from a better understanding of intergenerational trauma.

“In intergenerational trauma, the impact of trauma in an individual or group of people is inadvertently passed down through future generations,” explains Aracely Reyes, LSW, Primary Therapist for the Women’s Program at the North Brunswick outpatient site. “We’re seeing this type of trauma in many of our patients. Finding ways to open the door to dialogue about intergenerational trauma can be an effective first step toward breaking the cycle – and the *Encanto* movie is packed with examples.”

In *Encanto*, intergenerational trauma stems from Abuela Alma Madrigal, the family matriarch, who experienced the traumatic loss of her husband when fleeing her invaded homeland with their newborn triplets. Years later, she lives in a magical house with her children and grandchildren, most of whom have developed unique talents or powers. Yet they also have something else in common: they embody trauma roles resulting from Abuela’s expression of her trauma experience as a fear response.



## The Trauma Triangle

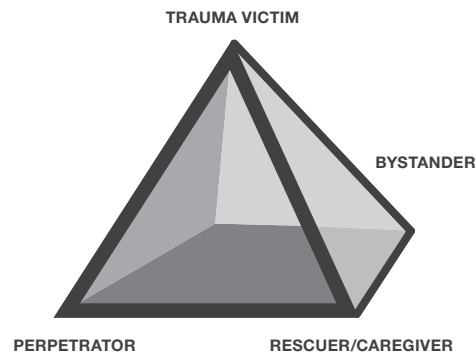
Psychiatrist and author Judith Herman, MD characterized trauma roles using a trauma triangle. Those affected by trauma or intergenerational trauma may take on patterns of one or more of these roles – or even move through different roles depending on the situation.

**Trauma victim.** In this role, a person may feel stuck in negative emotions or distress while lacking trust in others and feeling a loss of safety. It’s important to note that this term isn’t meant to convey the negative connotation of “acting like a victim.” Rather, individuals may mirror the responses or behaviors that occurred when they were a victim.

**Perpetrator.** This role may be characterized by resentment, rage, and outbursts that mirror the aggression of past trauma. In a perpetrator role, a person is reactive and easily triggered.

**Rescuer/caregiver.** Rescuers and caregivers try to fix everything and may be perfectionists with unrealistic expectations. Often controlling or codependent, they may overcompensate to try to solve issues, creating a heavy burden.

**Bystander.** Bystanders try to disconnect from trauma by distancing themselves from others. Sometimes seen as the “odd one out,” they may be removed from others or present but not engaged.



You may recognize these trauma roles in *Encanto*

**ABUELA:** perpetrator and rescuer/caregiver

**BRUNO:** bystander but an underlying rescuer/caregiver

**PEPA:** rescuer/caregiver

**JULIETA:** rescuer/caregiver

# INTERGENERATIONAL TRAUMA?



## How to Use *Encanto* to Discuss Intergenerational Trauma

**First, watch the movie!** A natural way to begin a conversation is to mention that this movie resonates with some of the things the patient is explaining about their life.

**Suggest that patients watch the movie** (if available to them) and pay attention to the characters – it’s enjoyable “homework.”

**Initiate a discussion.** Ask patients what character(s) they can relate to the most. This information is valuable in understanding how patients view themselves in the context of their family, and vice versa.

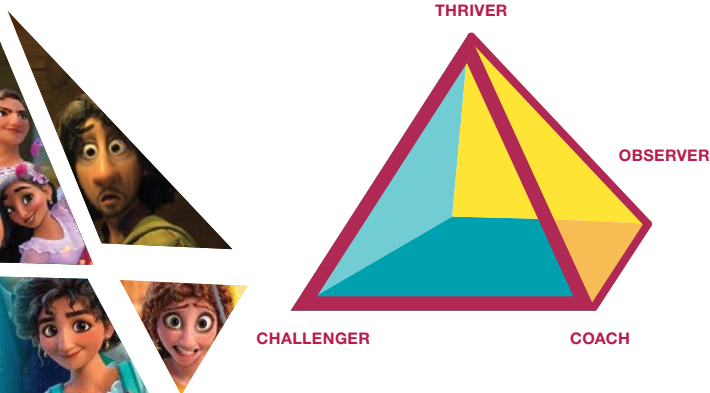
**Build from there.** If they identify with a character, ask what they would want to do differently or how they might change the way they cope, react, or engage with others to take steps toward a better outcome.

**Provide broader understanding.** Discuss how the characters embody various trauma roles, and how you can work on creating adaptive versions of these roles as part of a recovery triangle:

- A victim can become a **thrivor** who can feel emotions, practice coping skills, and ask for help
- A perpetrator can become a **challenger** who takes in information before responding and challenges when appropriate
- A rescuer/caregiver can become a **coach** who guides others while setting boundaries
- A bystander can become an **observer** who is more actively aware and less disconnected

“With this level of awareness, patients are not only able to take steps toward healing themselves, but they can also help prevent negative effects in their own children and grandchildren,” says Reyes.

“During a time when so many current events are fertile ground for intergenerational trauma, we can help patients understand and break the cycle to help prevent future suffering.”



### characters:

**ABUELA'S GRANDCHILDREN:** many of them take on rescuer/caregiver roles and overcompensate in putting perceived family needs before their own, particularly Mirabel, Luisa, and Isabela. At times, you may see bystander attributes in Dolores and victim attributes in Luisa when she loses her strength.

## CHECK OUT OUR PODCASTS

Learn more about *Encanto* and intergenerational trauma – and check out other relevant podcasts – in Princeton House’s **Mind on Mental Health** series, available at [princetonhouse.org/podcast](https://princetonhouse.org/podcast).

# CAREER GROWTH

## at Princeton House

Princeton House embraces team members at all levels while providing a solid path for growth and career development. Thanks to this support, it's not uncommon for an individual who starts as an intern to advance to a manager or director position – with robust training and supervision opportunities along the way.

To help staff provide the best care for patients, Princeton House provides free training in modalities such as DBT and motivational interviewing. In addition, upfront reimbursement is offered for qualified outside classes and programs.

“You never stop learning at Princeton House, because training is built into the job,” says Assistant Vice President of Outpatient Services Jodi Pultorak, LCSW, who began her Princeton House career as a Senior Primary Therapist in 2009 and later served as the Director of Outpatient Admissions. “I’m proud to work for a dynamic organization that embraces innovation, invests in its team, and values growth.”



### Team Member Promotions

Princeton House is pleased to announce the promotion of four highly qualified, master's-educated team members to Outpatient Directors:



In her newly created role as Addictions Clinical Director for Outpatient Services, **Sarah Carstens, LCSW, LCADC**, now oversees Princeton House's adoption of a harm reduction philosophy and will further develop addictions treatment offerings and best practices while facilitating outreach, program development, training, and performance improvement. Carstens joined Princeton House in 2009 as a Primary Therapist and has served as a Senior Primary Therapist and as a Clinical Manager of the Women's Program for the Eatontown outpatient site.



**Heather Gachko, LCSW, LCADC** has been promoted to Director of Outpatient Services at the Princeton outpatient site. Gachko started working at Princeton House in 2009 as an Intern and has served as an Intern Supervisor, Senior Primary Therapist, and Clinical Manager in the Princeton Adult Program. She brings to this role strong experience as a clinician and a passion for working in the areas of addictions and dual diagnosis.



**Katie Munger, LPC**, has been promoted to Director of Outpatient Services at the Hamilton outpatient site. Munger brings expertise in working with adults with both mental health and addictions diagnoses, is foundationally trained in dialectical behavior therapy, and is an experienced manager and clinical supervisor. She joined Princeton House in 2010 as an Intern. She also worked as a Primary Therapist, Senior Primary Therapist, and most recently as a Clinical Manager for Hamilton's Adult team.



**Michelle Reuben, LPC, ACS**, has a newly created role as Dialectical Behavior Therapy (DBT) Clinical Director for Outpatient Services. Foundationally trained in DBT, Reuben now oversees DBT service delivery across all Princeton House outpatient populations. With Princeton House since 2018, she was previously Clinical Coordinator of the DBT Program, Clinical Manager of the Teen Girls Program in Princeton, and Clinical Manager for North Brunswick's Child and Adolescent Program.

If you'd like to build your career with Princeton House, visit [princetonhouse.org/bhcareers](http://princetonhouse.org/bhcareers).

# news



## Caring Hands Create Angel Wings

When the Penn Medicine Princeton House Behavioral Health 50th

Anniversary celebration team was planning events and activities to commemorate a half-century of care, one idea was to symbolize how teamwork is integral to helping patients reclaim their lives.

“There are so many hands involved in the patient care journey, from that very first admissions call to discharge planning and beyond,” says JT Higginson, Director of Inpatient Admissions at Princeton House (pictured above left). “This concept took shape, and before long I was asking staff across various disciplines to provide tracings of their hands.”

Higginson and his son used the tracings to carve about 70 individual hands from pine blocks. They then fashioned feathers from cedar, creating an angel wing sculpture with a 13-foot wingspan. Parts of some hands are intentionally gray, showing that the team is willing to help shoulder their patients’ burdens.

The sculpture was a popular photo spot at the 50th anniversary picnic, and it will also be used in future capacities.

“The project has brought me a great sense of joy,” adds Higginson. “It embodies what we live every day: we’re all coming together to do whatever it takes to bring our patients to a better place.”

DON'T FORGET!

## Free Gender-Affirming Care Series

This virtual series features CME/CEU credits for physicians, nurses, counselors, and social workers. Register at [princetonhouse.org/education](http://princetonhouse.org/education).

OCTOBER 4

12:30 – 1:30 p.m.  
Inclusive Care for Gender and Sexual Minority Patients

**Rebecca Boswell, PhD**  
Supervising Psychologist,  
Penn Medicine Princeton  
Center for Eating  
Disorders

OCTOBER 12

12:30 – 1:30 p.m.  
Considering Gender Diversity and Identity in Effective Eating Disorder Treatment

**Rebecca Kamody, PhD**  
Assistant Professor,  
Child Study Center, Yale  
School of Medicine

OCTOBER 19

12:30 – 2 p.m.  
Providing Affirming Care to the Transgender/Non-Binary Community

**Jillian Celentano**  
Trans woman and  
patient advocate  
*Includes panel Q&A*

## Fentanyl Addiction Best Practices Conference



Michael Bizarro, PhD, LCSW, Clinical Director of First Responder Treatment Services at Princeton House, will serve on the Addiction Services Panel at the “Addiction and the Curse of Fentanyl:

Strategies and Treatment” conference, to be held at Seton Hall University on September 20. Presented by the New Jersey Reentry Corporation, the conference will explore best practices to assist people struggling with fentanyl use.

Learn more at [njreentry.org](http://njreentry.org).

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# Return To In-Person Care Benefits Young Patients



While Princeton House telehealth services have offered effective care access and proven positive outcomes for more than two years, the benefits of the recent return to in-person outpatient treatment are broad – especially for children and adolescents who may have trouble remaining focused for virtual therapy due to shorter attention spans or distractions like smartphones.

“Nothing beats working with young people in person,” says Peter Silva, LCSW, Clinical Manager of the Child and Adolescent Program at the Moorestown outpatient site. “We’re building stronger connections while really getting the chance to visualize changes and improvements in mood, behaviors, and coping skills.”

The in-person program environment affords the opportunity for young patients to engage with peers more directly not only in group therapy, but also in less formal

social settings such as the times before and between treatment sessions. Likewise, the treatment team can more effectively gain rapport, address any apprehensions about treatment, and develop greater insight based on visual cues and interactions.

Princeton House has returned to offering in-person family sessions and allied therapies such as art, music, and yoga, providing additional interactive healing opportunities. Partial hospital patients also receive two hours of academic instruction each day.

“It’s great to see young patients connect more organically again and discover that they’re not alone in their struggles,” adds Silva. “The best part is when they find their voice and realize they have the power to turn things around for the better.”

## Fall Child/Adolescent In-Person Program Hours (Hamilton\*, Moorestown)

- Partial hospital programs for children and teens: Six hours per day, Mon-Fri
- Adolescent after-school intensive outpatient program: Three hours per day, three days/week
- Children 12 and under intensive outpatient program: Three hours per day, three days/week



## Telehealth Services

Limited telehealth intensive outpatient program services are still available for youth who live outside the Hamilton and Moorestown sites, ensuring that services are available to young people throughout New Jersey.

\*The Hamilton Child/Adolescent Program will open for in-person care in October 2022.